

Sidney Community School District Home Language Survey

Student Name _____ Birth Date _____

Grade _____ Male _____ Female _____

Parent/Guardian Name _____

Address _____

Home Telephone _____

Work Telephone _____

1. Was your child born in the United States?
2. What is the primary language used in the home, regardless of the language spoken by the student?
3. What is the language most often spoken by the student?
4. What is the language that the student first acquired?

Parent or Guardian's Signature

Date

Office Use Only	Student ID#	Date Distributed	Date Received